

## STANDARD CERTIFICATE OF DEATH

State File No. **43813**

BIRTH NO. _____		REG. DIST. NO. <b>337</b>		PRIMARY REG. DIST. NO. <b>4499</b>		Registrar's No. <b>100</b>	
1. PLACE OF DEATH a. COUNTY <b>Shelby</b> b. CITY (If outside corporate limits, write RURAL and give township) <b>Shelbina</b> c. LENGTH OF STAY (In this place) <b>6 mo</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mason Nurseing Home</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b> c. CITY (If outside corporate limits, write RURAL and give township) <b>Hannibal</b> d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <b>Elizabeth</b>		a. (First) <b>Elizabeth</b>		b. (Middle) <b>Rozena</b>		c. (Last) <b>Garner</b>	
4. DATE OF DEATH: <b>Dec 8th 1950</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	
8. DATE OF BIRTH <b>Oct 7th 1862</b>		9. AGE (In years last birthday) <b>88</b>		10. MONTH <b>2</b>		11. DAY <b>1</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Shelby Co Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Julius Garner</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Glahn</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Banner Garner</b> ADDRESS <b>Leonard Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocardial failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <b>7824</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Dec 8</b> , 19 <b>50</b> , to <b>Dec 8</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>Dec 8</b> , 19 <b>52</b> , and that death occurred at <b>8:30 AM.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>R.A. Mikalovich D.O.</b>				23b. ADDRESS <b>Shelbina Mo.</b>		23c. DATE SIGNED <b>12/16/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/9/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Morris Chapel Cemetery Shelby Co.</b>		24d. LOCATION (City, town, or county) (State) <b>Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Dec 18-50</b>		REGISTRAR'S SIGNATURE <b>Ada Garrison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Barkelaw &amp; Hawkins Funeral Service</b> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: DEC 27 1950  
DISTRICT HEALTH OFFICE #  
District File Number 12-50-22  
Date Filed: JAN 3 1951

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 3835

P. O. Address Shellwa Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.